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United States Bankruptcy Court
of the
Northern District Of Illinois
Western Division

Trustee's Final Report

In Re: JAMES A. BRIEN & DEBRA K. BRIEN
8614 INDIGO LANE
MACHESNEY PARK, IL 61115

Case Number: 07-71383
SSN-xxx-xx-4670 & xxx-xx-5947

Case filed on: 6/6/2007
Plan Confirmed on:

U Dismissed Unconfirmed

Total funds received and disbursed pursuant to the plan: \$1,600.00

Detail of Disbursements below:

Claim #	Name of the Claimant	Claimed by the Creditor	Allowed by the Court	Principal Paid	Interest Paid
000	ATTORNEY DAVID H CARTER	0.00	0.00	0.00	0.00
	Total Legal	0.00	0.00	0.00	0.00
004	ILLINOIS DEPARTMENT OF REVENUE	658.89	658.89	0.00	0.00
005	INTERNAL REVENUE SERVICE	2,866.19	2,866.19	0.00	0.00
	Total Priority	3,525.08	3,525.08	0.00	0.00
999	JAMES A. BRIEN	0.00	0.00	317.25	0.00
	Total Debtor Refund	0.00	0.00	317.25	0.00
001	CHASE	0.00	0.00	0.00	0.00
002	JP MORGAN CHASE BANK NA% CHASE HOME	15,462.41	15,462.41	0.00	0.00
003	WACHOVIA DEALER SERVICES	14,978.10	14,800.00	444.59	755.41
	Total Secured	30,440.51	30,262.41	444.59	755.41
003	WACHOVIA DEALER SERVICES	0.00	7.12	0.00	0.00
004	ILLINOIS DEPARTMENT OF REVENUE	84.32	3.37	0.00	0.00
005	INTERNAL REVENUE SERVICE	15,001.59	600.06	0.00	0.00
006	ACCOUNT RECOVERY SERVICES	120.83	4.83	0.00	0.00
007	CAPITAL ONE	4,032.84	161.31	0.00	0.00
008	CAPITAL ONE	622.05	24.88	0.00	0.00
009	COMED CO	0.00	0.00	0.00	0.00
010	LVNV FUNDING LLC	785.88	31.44	0.00	0.00
011	CRUSADER CLINIC	165.00	6.60	0.00	0.00
012	ECAST SETTLEMENT CORPORATION	513.05	20.52	0.00	0.00
013	IC SYSTEMS	0.00	0.00	0.00	0.00
014	CREDITORS PROTECTION SERVICE, INC	7,181.37	287.25	0.00	0.00
015	NICOR	0.00	0.00	0.00	0.00
016	OLD NAVY	0.00	0.00	0.00	0.00
017	ROCKFORD MERCANTILE AGENCY INC	6,118.14	244.73	0.00	0.00
018	ROCK VALLEY PATHOLOGISTS LTD	220.00	8.80	0.00	0.00
019	ROCKFORD CARDIOLOGY	0.00	0.00	0.00	0.00
020	ROCKFORD GASTROENTEROLOGY	0.00	0.00	0.00	0.00
021	ROCKFORD HEALTH SYSTEMS	0.00	0.00	0.00	0.00
022	WASHINGTON MUTUAL	0.00	0.00	0.00	0.00
023	CAPITAL ONE	1,547.83	61.91	0.00	0.00
024	MEDICAL PAIN MANAGEMENT SERVICES	130.00	5.20	0.00	0.00
	Total Unsecured	36,522.90	1,468.02	0.00	0.00
	Grand Total:	70,488.49	35,255.51	761.84	755.41

Total Paid Claimant: \$1,517.25
Trustee Allowance: \$82.75
Percent Paid Unsecured: 0.00

Wherefore, your petitioner prays that a final Decree be entered discharging the trustee and the trustee's surety from any and all liability on account of the within proceedings, and closing the estate, and for such other relief as is just. Pursuant to FRBP, I hereby certify that the subject case has been fully administered.

Report Dated:

/s/ Lydia S. Meyer
Lydia S. Meyer, Trustee

This is to certify that a copy of this notice has been mailed to the debtor and the debtor's attorney.

Dated at Rockford, IL on 01/29/2008

By /s/Heather M. Fagan